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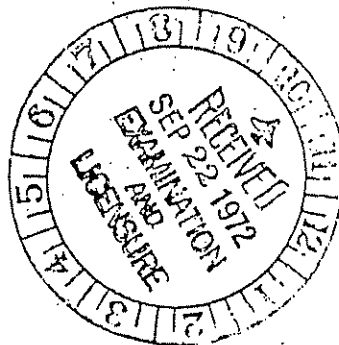
## DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Social and Rehabilitation  
Service

■

Nursing Home Administration

Licensing, Training and Instruction  
Programs



## Title 45—PUBLIC WELFARE

### Chapter II—Social and Rehabilitation Service (Assistance Programs), Department of Health, Education, and Welfare

#### PART 252—MEDICAL ASSISTANCE PROGRAMS: RELATED RESPONSIBILITIES

##### Nursing Home Administration; Licensing; Training and Instruction Programs

Notice of proposed regulations was published in the *FEDERAL REGISTER* of September 9, 1971 (36 F.R. 18106), amending regulations prescribing interim policies and requirements for medical assistance programs with respect to establishment of State programs to license nursing home administrators and the training of nursing home administrators to whom waivers have been granted. After consideration of the views presented by interested persons, the regulations retain all proposed requirements, and have been changed to include national associations among organizations eligible to offer training courses for potential nursing home administrators.

The comments received centered mainly on three changes contained in the notice of proposed regulations:

(1) The prohibition against representatives of a single profession or institutional category constituting a majority of the membership of the State board for licensure of nursing home administrators (§ 252.10(b)(3)). In opposition, it was contended that this provision tends to downgrade nursing home administrators, who constitute a board majority in many States; it is contrary to the practice in most other State boards for licensing professions, it imposes a Federal requirement in an area that should be left to the States, and it would force many States to make disruptive legislative and administrative changes. The provision is retained in the final regulations because it is believed to be an effective response to the growing sentiment that public processes must be opened up to participants other than the professions and occupations immediately concerned; and it is consistent with the Department's emphasis on upgrading the quality of nursing home care. The provision would not go into effect until July 1, 1973, giving States time to make necessary legislative and administrative changes.

The regulation is in no way intended to, nor should it, "downgrade" nursing home administrators because other professions are included with them in deliberations. The administrators are still allowed a plurality of representatives, and their views in the upgrading of their profession should have, therefore, considerable weight. At the same time, the operation of a board as described herein is intended to augment public confidence in its operation—an asset for the nursing home administrator profession generally.

(2) The prohibition against noninstitutional members of the licensure board having a direct financial interest in nursing homes (§ 252.10(b)(3)). In opposition, it was contended that this provision would preclude from licensure board membership those who might be highly qualified to assist nursing home administrators achieve professional status and improve patient care. The provision is retained because it is essential for defining institutional members and preventing those who have a financial interest in nursing homes from disguising their institutional connections under the cover of some other association, for example, as a physician.

(3) The exemption of certain "distinct parts" of hospitals from the requirement that they have a licensed nursing home administrator (§ 252.10(b)(1)). In opposition to this provision it was contended that the competence to administer a short-stay facility, such as a hospital, is different from the competence to administer a long-term facility, and that all long-term care facilities should be under the direct supervision of a licensed nursing home administrator. The provision is retained because it is believed that when a "distinct part" nursing home unit is such an integral part of a hospital that the State does not deem it necessary to license it separately as a nursing home (this is the exception provided here), to require that a separately licensed nursing home administrator be in charge is a waste of time and money. In addition, the hospital administrator who has basic responsibility for the entire institution has qualifications of education and experience that assure competent administration of the whole institution, including the "distinct part."

Part 252 of Chapter II of Title 45 of the Code of Federal Regulations is amended as follows:

1. Section 252.40 is renumbered as § 252.10 and is revised to read as follows:

§ 252.10 State programs for licensing administrators of nursing homes.

(a) *Purpose.* This section establishes the procedures for States to follow to comply with the requirement for States participating in a title XIX program to establish programs for the licensure of administrators of nursing homes.

(b) *Definitions.* When used in this section:

(1) "Nursing home," for purposes of requiring supervision by a licensed administrator, means any institution or facility, or distinct part of a hospital, which, regardless of its designation, is licensed or formally recognized as meeting State nursing home standards under State law. In those States that do not employ the term "nursing home" in their licensing statutes, "nursing home" means the equivalent term or terms as determined by the Administrator, Social and Rehabilitation Service. For purposes of obtaining such determination, the single State agency responsible for the administration of the title XIX program in such State shall submit to the Regional Commissioner, Social and Rehabilitation Service, copies of current State statutes which define for licensure purposes in-

stitutional health care facilities. Not included in this definition is a distinct part of a hospital, which hospital meets the definition in § 249.10(b)(1) or (14)(iv) of this chapter, that is designated or certified as an extended care facility or skilled nursing home but is not licensed separately or formally approved as a nursing home by the State.

(2) "Nursing home administrator" means any individual who is charged with the general administration of a nursing home, whether or not such individual has an ownership interest in such home, and whether or not his functions and duties are shared with one or more other individuals.

(3) "Board" means a duly appointed State board established for the purpose of carrying out a State program for licensure of administrators of nursing homes, and which is assigned all the duties, functions, and responsibilities prescribed in paragraph (c)(2) of this section. Said board shall be composed of individuals representative of the professions and institutions concerned with the care and treatment of chronically ill or infirm elderly patients; provided that less than a majority of the board membership shall be representative of a single profession or institutional category, and provided further that the noninstitutional members shall have no direct financial interest in nursing homes. For purposes of this definition, nursing home administrators are considered representatives of institutions. This definition is effective July 1, 1973, or earlier at the option of the State.

(4) "Agency," unless otherwise indicated, means the agency of the State responsible for licensing individual practitioners under the healing arts licensing act of the State.

(5) "License" means a certificate or other written evidence issued by a State agency or board to indicate that the bearer has been certified by that body to meet all the standards required of a licensed nursing home administrator under this section.

(6) "Provisional license" means a temporary license issued by the State agency or board to an individual who does not meet all the qualifications for licensure.

(7) "Calendar year" means the period from January 1 through December 31.

(c) *State plan requirements.* A State plan for medical assistance under title XIX of the Social Security Act must include a State program for the licensure of administrators of nursing homes which:

(1) Provides that no nursing home within the State may operate except under the supervision of an administrator licensed in the manner provided in this section.

(2) Provides for licensing of nursing home administrators by the single agency of the State responsible for licensing individual practitioners under the healing arts act of the State, or, in the absence of such an act or agency, a State licensing board representative of the professions and institutions concerned with the care of chronically ill and infirm

aged patients and established to carry out the purposes of section 1908 of the Social Security Act. It shall be the function and duty of such agency or board to:

(i) Develop, impose, and enforce standards which must be met by individuals in order to receive a license as a nursing home administrator, which standards shall be designed to insure that nursing home administrators will be individuals who are of good character and are otherwise suitable, and who, by training or experience in the field of institutional administration, are qualified to serve as nursing home administrators;

(ii) Develop and apply appropriate techniques, including examinations and investigations, for determining whether an individual meets such standards;

(iii) Issue licenses to individuals determined, after the application of such techniques to meet such standards, and revoke or suspend licenses previously issued by the agency or board in any case where the individual holding such license is determined substantially to have failed to conform to the requirements of such standards. Provisional licenses may be issued to an individual who meets the conditions for waiver under paragraph (d) of this section, or, for a single period not to exceed 6 months, to a qualified individual for the purpose of enabling him to fill the position of nursing home administrator which has been unexpectedly vacated. Qualifications for the latter type of provisional license shall include good character, suitability, and the ability to meet such other standards as are established by the State agency or board;

(iv) Establish and carry out procedures designed to insure that individuals licensed as nursing home administrators will, during any period that they serve as such, comply with the requirements of such standards;

(v) Receive, investigate, and take appropriate action with respect to any charge or complaint filed with the agency or board to the effect that any individual licensed as a nursing home administrator has failed to comply with the requirements of such standards; and

(vi) Conduct a continuing study and investigation of nursing homes and administrators of nursing homes within the State with a view to the improvement of the standards imposed for the licensing of such administrators and of procedures and methods for the enforcement of such standards with respect to administrators of nursing homes who have been licensed as such.

(d) *Waivers.* The agency or board may waive any of the standards referred to in paragraph (c)(2)(i) of this section, other than the standards relating to good character and suitability, with respect to any individual who, during all of the calendar year immediately preceding the calendar year in which the requirements prescribed in paragraph (c) of this section are first met by the State, has served in the capacity of a nursing home administrator provided that:

(1) The agency or board issues to such an individual a provisional license to indicate that the bearer has been certified to meet the conditions specified in this

paragraph, which provisional license may be valid only for a period of 2 years, or until July 1, 1972, or until the individual meets the qualifications of a fully licensed nursing home administrator, whichever is earlier; and

(2) There is provided in the State, during all of the period for which the waiver is in effect, a program of training and instruction designed to enable all individuals, with respect to whom any such waiver is granted, to attain the qualifications necessary to meet the standards referred to in paragraph (c)(2)(i) of this section.

(c) *Federal financial participation.* Federal financial participation is not available in the costs incurred by the licensing board in establishing and maintaining standards for the licensing of nursing home administrators.

2. Section 252.44 is renumbered as § 252.20 and is revised to read as follows:

§ 252.20 Grants to States for training and instruction programs for waived nursing home administrators.

(a) *Purpose.* The purpose of this section is to provide for making grants available to the States to assist them in instituting and conducting programs of training and instruction to enable all individuals who have been granted provisional licenses under § 252.10(d) to attain the minimum qualifications necessary to meet the State standards for licensure as nursing home administrators.

(b) *Definitions.* When used in this section:

(1) "Nursing home," "nursing home administrator," "board," "agency," and "license" and "provisional license" have the same meaning as in § 252.10.

(2) "Core of knowledge" means the group of basic subject areas in the field of nursing home administration, of which an individual should be well informed and have a working understanding, to qualify as a licensed administrator of a nursing home.

(c) *Eligibility and program content.*

(1) Grants, not to exceed 75 percent of the cost to the State of instituting and conducting training and instruction programs to carry out the provisions of this section, may be made to the single State agency responsible for the administration of the State's title XIX program subject to the requirements of subparagraphs (2) through (5) of this paragraph.

(2) Such programs of training and instruction must provide valid preparation for the specific level of knowledge and proficiency necessary to meet the standards of the State for licensure as nursing home administrators.

(3) The program must include approximately 100 classroom hours of training and instruction.

(4) The program must be limited to:

(i) Credit granting courses offered by an accredited university or college,

(ii) Noncredit courses offered by identifiable academic departments of accredited universities or colleges,

(iii) Nondegree courses, offered by extension divisions or programs associated

with accredited universities or colleges independent of identifiable academic departments,

(iv) Courses, jointly sponsored by accredited universities or colleges, offered by recognized State or national associations or national professional societies, or

(v) Other courses, jointly sponsored by an accredited university or college.

(5) Course content may not be modified subsequent to approval for Federal grant without approval of the Regional Commissioner, Social and Rehabilitation Service.

(d) *Application.* With the assistance of the State agency or board, the single State agency responsible for the administration of the State's title XIX program shall file an application for a grant under this section with the Regional Commissioner, Social and Rehabilitation Service. The application must contain the following information:

(1) Identification of sponsoring institution(s) or organization(s).

(2) Identification of faculty responsible for the course and the instructor(s) presenting the training and instruction.

(3) Identification of the mode of instruction to be followed.

(4) An outline of the courses included in the program of training and instruction.

(5) An estimate of the cost of training and educational materials, personnel, and other items necessary to present the program of training and instruction, together with an estimate of the total costs per classroom hour per student; and the estimated number of students taking the course.

(6) Certification by the State agency or board indicating that the course content provides adequate preparation to meet the standards required by the State for licensure of nursing home administrators.

(7) Such other information as may be required by the Administrator, Social and Rehabilitation Service.

(e) *Approvable program expenditures.* The following types of costs will be recognized:

(1) Necessary "tooling-up" costs, including loan of personnel and purchase of educational media.

(2) Salaries of instructors.

(3) Travel and related expenses for instructors incidental to presenting the program to eligible trainees.

(4) Supplies and materials necessary to the presentation of the program of training and instruction.

(5) Such other items as may be included in the approved application.

The costs of furniture and durable equipment, including durable office equipment, may not be included.

(f) *Grant approval.* All grant approvals shall be made in writing by the Regional Commissioner, Social and Rehabilitation Service, after consultation with the regional representatives of the Community Health Service and of other appropriate units of the Department of Health, Education, and Welfare, and shall specify the amount of funds to be

granted and the extent of Federal financial participation.

(g) *Termination.* A grant may be terminated in whole or in part at any time at the discretion of the Regional Commissioner, Social and Rehabilitation Service. Noncancellable obligations properly incurred prior to the receipt of the notice of cancellation will be honored. The single State agency shall be promptly notified of such termination in writing and given the reasons therefor.

(h) *Reports.* (1) The single State agency responsible for the administration of the State's title XIX program shall make reports to the Administrator, Social and Rehabilitation Service through the Regional Commissioner, Social and Rehabilitation Service in such form and containing such information as may be specified.

(2) Records of all costs related to courses provided, and persons trained, shall be retained by the sponsoring institution for 5 years following the end of the budget period unless audit by or on behalf of the Department of Health, Education, and Welfare has occurred, in which case records may be destroyed 3 years after the end of the budget period. In all cases, records shall be retained until resolution of any audit questions.

(3) A certificate or other evidence of satisfactory completion of training and instruction for each eligible trainee receiving such instruction shall be filed with the State agency or board.

(i) *Development of program of training and instruction.* To provide a basis for future licensure reciprocity between States, and to provide that the content of examinations and programs of training and instruction contain sufficient amounts of appropriate information relating to the proper and efficient administration of nursing homes, the following detailed guideline categorization of nine basic areas of the core of knowledge which it is deemed an administrator should possess are set forth as recommendations for appropriate use by State agencies and boards.

(1) Applicable standards of environmental health and safety:

- (i) Hygiene and sanitation.
- (ii) Communicable diseases.
- (iii) Management of isolation.
- (iv) The total environment (noise, color, orientation, stimulation, temperature, lighting, air circulation).

(v) Elements of accident prevention.

(vi) Special architectural needs of nursing home patients.

(vii) Drug handling and control.

(viii) Safety factors in oxygen usage.

(2) Local health and safety regulations: Guidelines vary according to local provisions.

(3) General administration:

(i) Institutional administration.

(ii) Planning, organizing, directing, controlling, staffing, coordinating, and budgeting.

(iii) Human relations:

(a) Management/employee interrelationships.

(b) Employee/employee interrelationships.

(c) Employee/patient interrelationships.

(d) Employee/family interrelationships.

(iv) Training of personnel:

(a) Training of employees to become sensitive to patient needs.

(b) Ongoing in-service training/education.

(4) Psychology of patient care:

(i) Anxiety.

(ii) Depression.

(iii) Drugs, alcohol, and their effect.

(iv) Motivation.

(v) Separation reaction.

(5) Principles of medical care:

(i) Anatomy and physiology.

(ii) Psychology.

(iii) Disease recognition.

(iv) Disease process.

(v) Nutrition.

(vi) Aging processes.

(vii) Medical terminology.

(viii) Materia Medica.

(ix) Medical Social Service.

(x) Utilization review.

(xi) Professional and medical ethics.

(6) Personal and social care:

(i) Resident and patient care planning.

(ii) Activity programming:

(a) Patient participation.

(b) Recreation.

(iii) Environmental adjustment: Interrelationships between patient and:

(a) Patient.

(b) Staff (staff sensitivity to patient needs as a therapeutic function).

(c) Family and friends.

(d) Administrator.

(e) Management (self-government/patient council).

(iv) Rehabilitation and restorative activities:

(a) Training in activities of daily living.

(b) Techniques of group therapy.

(v) Interdisciplinary interpretation of patient care to:

(a) The patient.

(b) The staff.

(c) The family.

(7) Therapeutic and supportive care and services in long-term care:

(i) Individual care planning as it embraces all therapeutic care and supportive services.

(ii) Meaningful observations of patient behavior as related to total patient care.

(iii) Interdisciplinary evaluation and revision of patient care plans and procedures.

(iv) Unique aspects and requirements of geriatric patient care.

(v) Professional staff interrelationships with patient's physician.

(vi) Professional ethics and conduct.

(vii) Rehabilitative and remotivational role of individual therapeutic and supportive services.

(viii) Psychological, social, and religious needs, in addition to physical needs of patient.

(ix) Needs for dental service.

(8) Departmental organization and management:

(i) Criteria for coordinating establishment of departmental and unit objectives.

(ii) Reporting and accountability of individual departments to administrator.

(iii) Criteria for departmental evaluation (nursing, food service, therapeutic services, maintenance, housekeeping).

(iv) Techniques of providing adequate professional, therapeutic, supportive, and administrative services.

(v) The following departments may be used in relating matters of organization and management:

(a) Nursing.

(b) Housekeeping.

(c) Dietary.

(d) Laundry.

(e) Pharmaceutical services.

(f) Social service.

(g) Business office.

(h) Recreation.

(i) Medical records.

(j) Admitting.

(k) Physical therapy.

(l) Occupational therapy.

(m) Medical and dental services.

(n) Laboratories.

(o) X-ray.

(p) Maintenance.

(9) Community interrelationships:

(i) Community medical care, rehabilitative and social services resources.

(ii) Other community resources:

(a) Religious institutions.

(b) Schools.

(c) Service agencies.

(d) Government agencies.

(iii) Third party payment organizations.

(iv) Comprehensive health planning agencies.

(v) Volunteers and auxiliaries.

(Sec. 1102, 49 Stat. 647, 42 U.S.C. 1302)

*Effective date.* These regulations shall become effective 60 days following the date of their publication in the *FEDERAL REGISTER*.

Dated: February 14, 1972.

JOHN D. TWINAME,  
Administrator, Social and  
Rehabilitation Service.

Approved: March 16, 1972..

ELLIOT L. RICHARDSON,  
Secretary.

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